



**Bonanza Fuel, LLC**  
P.O. Box 1129 | Nome, AK 99762  
(907) 387-1201  
FAX (907) 443-6437  
customerservice@snc.org

SNC Shareholder or Descendant? Yes \_\_\_\_ No \_\_\_\_

**PERSONAL APPLICATION FOR FUEL ACCOUNT**

<b>APPLICANT NAME</b>	<b>CO-APPLICANT NAME</b>
<b>Mailing Address</b>	<b>Physical Address</b>
<b>Property Owner Name</b>	
<b>Monthly Mortgage or Rent</b>	<b>Size of fuel tank</b>
<b>Do you request AUTO-PAY?</b> (charges card following deliveries) Credit Card Type: ( ) VISA ( ) MasterCard Card Number: _____ - _____ - _____ - _____ Expiration Date: ____/____ Cardholder Signature: _____	

<b>APPLICANT INFORMATION</b>	<b>CO-APPLICANT INFORMATION</b>
<b>Home &amp; Cell Phone</b>	<b>Home &amp; Cell phone</b>
<b>E-Mail Address</b>	<b>E-Mail Address</b>
<b>DATE OF BIRTH</b>	<b>DATE OF BIRTH</b>
<b>DRIVERS LIC/STATE ID#</b>	<b>DRIVERS LIC/STATE ID#</b>
<b>SSN</b>	<b>SSN</b>
<b>EMPLOYER</b>	<b>EMPLOYER</b>
<b>EMPLOYER ADDRESS</b>	<b>EMPLOYER ADDRESS</b>
<b>YEARS THERE</b>	<b>YEARS THERE</b>
<b>Present MONTHLY income</b>	<b>Present MONTHLY income</b>

Credit References (please list 2 if you are a homeowner requesting credit) **ALL RENTERS ARE PRE-PAY ACCOUNTS ONLY**

<b>Name</b>	<b>Name</b>
<b>Address</b>	<b>Address</b>
<b>Phone</b>	<b>Phone</b>

I understand all invoices are due in full, 20 days from the date of the invoice. Amounts greater than 20 days past due will be assessed 1.5% each month. Outstanding balances beyond 60 days may be turned over to collections and I will be responsible for any additional or increased fees, including legal fees associated with the collection procedure. I authorize Bonanza Fuel, LLC. to verify all information as needed, including but not limited to pulling a personal credit report through a 3<sup>rd</sup> party vendor, contacting references on the credit application and researching court records to establish credit with Bonanza Fuel, LLC. I understand that Bonanza Fuel, LLC. reserves the right to: limit the amount of credit purchases by customers, deny credit to any customer and change rates when the market dictates change; refuse service if conditions are deemed hazardous, environmentally unsafe or unsanitary.

**Credit will no longer be extended to those that have a past due balance greater than 45 days.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

- PPO  
- Approved Credit Amount  
\$ \_\_\_\_\_  
Initial \_\_\_\_ Date \_\_\_\_